





Please type a plus sign (+) inside this box →	PTO/SB/05 (4/S Approved for use through 09/30/2000. OMB 0651-00 Patent and Trademark Office: U.S. DEPARTMENT OF COMMER d to respond to a collection of information unless it displays a valid OMB control numb	32 =	-			
UTILITY	Attorney Docket No.		, ( ,			
PATENT APPLICATION	First Inventor or Application Identifier					
	Title	T				

(Only for new n	nonprovisional applications under 37 C.F.R. § 1.53(b)) Expre	ess Mail Label No.
	PPLICATION ELEMENTS apter 600 concerning utility patent application contents.	Assistant Commissioner for Patents  ADDRESS TO: Box Patent Application  Washington, DC, 20231
1.	iee Transmittal Form (e.g., PTO/SB/17)  ibmit an original and a duplicate for fee processing)  iecification [Total Pages 3]  iecification [Total Pages 4]  i	5. Microfiche Computer Program (Appendix) 6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  7. Assignment Papers (cover sheet & document(s)) 8. 37 C.F.R.§3.73(b) Statement Power of (when there is an assignee) Attorney 9. English Translation Document (if applicable) 10. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations 11. Preliminary Amendment 12. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 13. Statement(s) Statement filed in prior application, Status still proper and desired (PTO/SB/09-12) 14. (if foreign priority is claimed) 15. Other:
Prior app For CONTINU under Box 4b reference. Th	ontinuation Divisional Continuation-in-part (Optication information: Examiner  JATION or DIVISIONAL APPS only: The entire disclosure b, is considered a part of the disclosure of the accompan	Group / Art Unit:  of the prior application, from which an oath or declaration is supplied ying continuation or divisional application and is hereby incorporated by has been inadvertently omitted from the submitted application parts.  ENCE ADDRESS  or Correspondence address below
Country	Telephone	Fax
Name (F Signature	THE STREET	Registration No. (Attorney/Agent)  Date 8/14/20

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/17 (12/99)
Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
a collection of information unless it displays a valid OMB control number.

Complete if Known

FEE TRANSMIT

	L	Appli	catio	n Num	ber	· · · · · · · · · · · · · · · · · · ·		
for FY 2000		Filing	Date	·				
Patent fees are subject to annual revision.	[	First	Nam	ed Inve	entor			
Small Entity payments <u>must</u> be supported by a small entity statement otherwise large entity fees must be paid. See Forms PTO/SB/09-12.			Examiner Name					
See 37 C.F.R. §§ 1.27 and 1.28.	آ جي	Group	 р / Аі	t Unit				
TOTAL AMOUNT OF PAYMENT (\$) 345	100	Attorr	ney C	ocket	No.			
METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)						
The Commissioner is hereby authorized to charge	3. AI	DITI	ONA	AL FE	ES	<u> </u>		
indicated fees and credit any overpayments to:		Entity Fee	Sma	II Entity Fee		Fee Description	Fee Paid	
Account Number	105	130	205	65	Surcha	rge - late filing fee or oath		
Deposit Account	127	50	227	25	Surchar cover s	rge - late provisional filing fee or sheet.		
Name	139	130	139	130	Non-En	nglish specification		
Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17	147	2,520	147	2,520	For filin	ng a request for reexamination		
	112	920*	112	920*		sting publication of SIR prior to ner action		
2. Payment Enclosed: Check Order Other	113	1,840*	113	1,840*	Examin	sting publication of SIR after ner action		
FEE CALCULATION	115	110	215	55		ion for reply within first month ion for reply within second month		
1. BASIC FILING FEE	116 117	380 870	216 217	190		ion for reply within third month		
Large Entity Small Entity Fee Fee Fee Fee Description				680		ion for reply within fourth month		
Code (\$) Code (\$) Fee Paid		•	228			ion for reply within fifth month		
101 690 201 345 Utility filing fee 3 4 5	119	.,	219			of Appeal		
106 310 206 155 Design filing fee	120	300		150	Filing a	brief in support of an appeal		
107 480 207 240 Plant filing fee	121	260		130	Reques	st for oral hearing		
108 690 208 345 Reissue filing fee	138	1,510	138	1,510	Petition	n to institute a public use proceedir	ng	
114 150 214 75 Provisional filing fee	140	110	240	55	Petition	n to revive - unavoidable		
SUBTOTAL (1) (\$) 345	141	1,210	241	605	Petition	n to revive - unintentional		
2. EXTRA CLAIM FEES	142	1,210	242	605	Utility is	ssue fee (or reissue)		
Fee from  Extra Claims below Fee Paid	143	430	243	215	Design	issue fee		
Total Claims20** = X =	144	580	244	290	Plant is	ssue fee		
Independent 3** = X =	122	130	122	130	Petition	is to the Commissioner		
Multiple Dependent =	123	50	123	50	Petition	ns related to provisional application	s	
**or number previously paid, if greater; For Reissues, see below	126	240	126	240	Submis	ssion of Information Disclosure Str	nt	
Large Entity Small Entity  Fee Fee Fee Fee Fee Description  Code (\$) Code (\$)	581	40	581	40		ling each patent assignment per ty (times number of properties)		
103 18 203 9 Claims in excess of 20	146	690	246	345	Filing a	submission after final rejection R § 1.129(a))		
102 78 202 39 Independent claims in excess of 3	149	690	249	345	-	ch additional invention to be		
104 260 204 130 Multiple dependent claim, if not paid					examin	ed (37 CFR § 1.129(b))		
109 78 209 39 ** Reissue independent claims over original patent  110 18 210 9 ** Reissue claims in excess of 20	Other f	ee (spe	ecify)		<del></del>			
and over original patent	Other f	ee (spe	ecify)		<del></del>	·		
SUBTOTAL (2) (\$)	Reduc	ed by I	Basic	Filing F	ee Paid	SUBTOTAL (3) (\$)		
SUBMITTED BY Complete (if applicable)								
Name (PrintType) MAMOUD SADRE		Registra Attorney				Telephone 78(93	90700 418	
Signature / MA WARNING:				•		Date 8/14	100	

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.